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ABSTRACT

This booklet presents guidelines for the development of various types of 24-hour crisis nurseries designed to counter or prevent child abuse by providing parents with emergency relief from child care. Such centers accommodate small groups of children for a limited maximum time, ranging from 72 hours to six months. Topics covered are: types of nurseries, funding, staff, policies and procedures, and public awareness. Two model programs (an emergency shelter and a residential treatment center) are discussed in terms of goals, functions and logistics (location, number of children and duration of stay). Options for local, state or federal funding and the comparative advantages and disadvantages of each are discussed. Staff composition and training are discussed, and special staffing needs relating to care of abused or neglected children are considered. A section on policies and procedures deals with possible center misuse by parents, relationships with local social service agencies, laws relating to child abuse reporting standards, and admission procedures. Involvement of the media in encouraging client self-referral is discussed. (BF)

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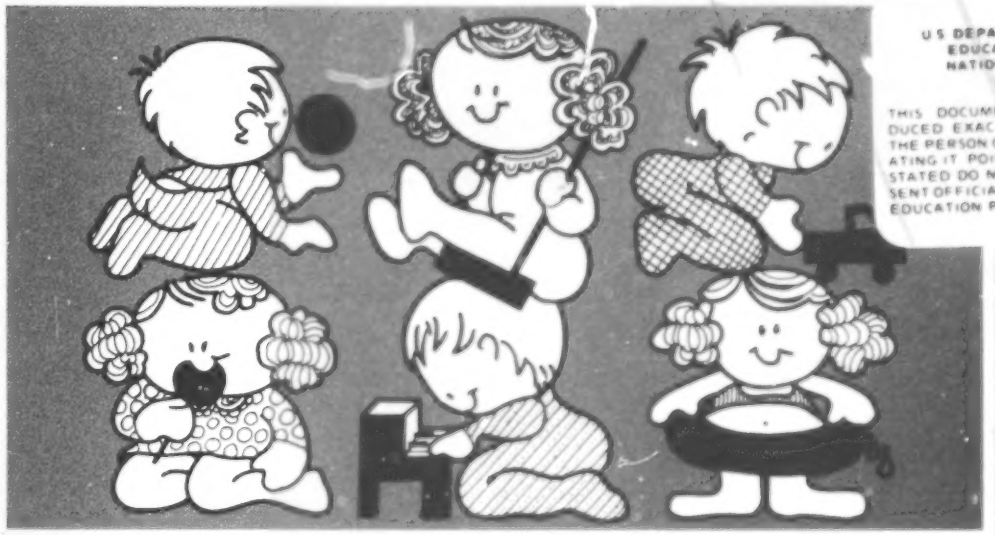

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I Need Help. . ."

How To Develop A Crisis Nursery

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It was 2 o'clock. She finally sat down with a book which she had begun two weeks ago. Ostensibly, Marie was quietly playing in her room and Johnny was at school. Feeling exhausted and annoyed for having so little time to herself, she sighed and re-opened the book to page 1. In this quiet moment, she almost relaxed. But her bliss was short lived.

First there was a bang, then a crash. She jumped up and ran into the dining room. Marie was sitting in the middle of what remained of her best vase—broken into tiny little pieces. Putting her hands to her head in anguish, she screamed, "Let me out of here! . . . I can't stand it any more!"

But, where can she go? To where can a frustrated parent escape?

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Crises

Crises come in many shapes and sizes. Some are large, some small. Some important and some not-so-important. But, all crises have in common the potential to be deadly. At the time of a crisis it does not matter whether the triggering event was a major disaster or a minor circumstance. The resulting stress may be equally destructive.

Parents are faced with crises on a daily basis. They range from skinned knees to job losses. The ability to cope with these crises may be what distinguishes the "good" parent from the "bad" parent. However, even good parents sometimes find themselves at the end of their ropes.

In *Mother's Day Is Over*, Shirley Radl wrote in a chapter entitled "hi, I'm mommy. fly me to the cuckoo's nest": *I walked into our bedroom and locked the door, walked into our bathroom and locked the door, then went into the shower, closing the door behind me, and sat on the floor for a very long time--doing nothing--just sitting. I was coming apart at the seams.*

Such action may not be too unusual. Even noted humorist Urma Bombeck reported of an incident when she locked herself in the bathroom to get away from her child. What are these parents running from?

Child Abuse & Neglect

Increasingly researchers are recognizing that child abuse or severe child neglect are triggered by three interacting ingredients: a parent, a child and a crisis. What is also becoming more evident is that the parent need not be too terribly unusual to resort to a sudden abusive act. Furthermore, some parents--who may have thought themselves rather "normal"--later learn that they are guilty of severe neglect. Why?

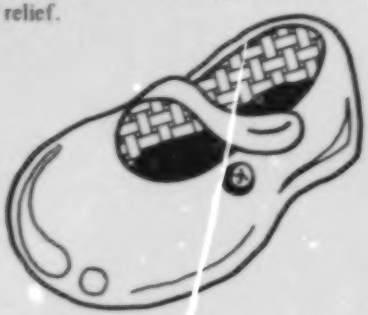
In the past parents were not expected to carry the full burden of parenthood. There were grandparents or aunts or other close relatives who lived in the home and who routinely helped with child rearing. These "parent aides," allowed mothers and fathers to have more time to themselves. Parents also had opportunities to occasionally get away from their children. Although child rearing has always been a full-time job, because of these added supports it was not so exorbitantly demanding as it is today.

Most new parents are able to deal with this increased burden of parenthood. But many cannot.

For these parents there are few alternatives. They receive little or no education about parenthood. Our schools teach them every nuance about various professional careers or about spelling and the multiplication tables.

but nothing about children or how to be parents. These parents learn what they can from their parents who are often poor teachers.

One mother explained that she was so distraught with her everday activities that she found herself emotionally neglecting her children. They were acting out in school and had become difficult discipline problems. She in turn was on the verge of a nervous collapse. She found herself in places not knowing how she got there--she heard voices and she was slowly losing touch with reality. This mother desperately needed relief.



Crises Nurseries

One form of relief is the crisis nursery. Having its roots at the University Hospital in Denver during 1973, crisis nurseries developed out of a natural need for parents to get away from their children. Without these periods of relief, professionals were beginning to note that parents were becoming higher risks for abuse or neglect.

Today crisis nurseries of many types are developing throughout the country. These facilities fulfill a unique form of crisis intervention. In essence, they provide minimal intervention before the crisis erupts. For example, the parent who had settled down to read her two-week-old book might have noticed her frustrated need to be alone. In order to avoid a crisis, she might then have taken

her daughter to the nursery for a couple of hours before she decided to steal some time to herself. By so doing, the parent could have relaxed and caught her breath without being interrupted by the child.

Crisis nurseries operate on a 24-hour basis. Most accept children at all hours in order to either divert or relieve a potential or an existing crisis. The definition of crisis is frequently very loose so that the service will satisfy broad needs.

One word of caution–crisis nurseries are supplemental services. To be most effective they must integrate with the entire community system of social services. Alone, crisis nurseries cannot effectively help parents- they may only provide short-term relief. But, as one form of crisis intervention and only as one component in the total system, crisis nurseries may be of extreme value to the parent and to the child.

Several programs, for instance, have grown into full service treatment centers for families in crisis. They also have become fertile ground for research about abused or neglected children.

Like other approaches, which appear to be working effectively, this one is becoming more popular. It is less threatening to the parent and to the child than other forms of temporary separation, and as such may better satisfy the need for parental relief so necessary for a healthy parent-child relationship.

The remaining sections of this booklet will discuss crisis nurseries in a broad sense in order to furnish communities with guidelines for program development.

Types of Nurseries

The first step for developing a crisis nursery is to decide on the type of nursery you wish to establish. To do this you should set specific goals and establish long-range functions.

Goals and Functions

For example, some crisis nurseries provide minimal services--that is, their goal is to provide an ongoing mechanism for short-term parental relief. For the sake of clarity, these facilities will be called emergency shelters. Other nurseries include broader services for either the parent or for the child. We will refer to these facilities as residential treatment centers. Which type of nursery you wish to establish must be decided at the outset.

Before these decisions can be made, it is important to determine the needs and demands within the community. Furthermore, with the addition of a new service, sometimes community needs increase.

Ideally such decisions should include input from a broad base of professionals. As a result, one of the first steps should include a meeting of interested and concerned community representatives. It is advisable to invite persons from the local department of social services to attend this early planning meeting.

Likewise, recalling that crisis nurseries are a form of supplemental service and can rarely provide the full gamut of treatment for families in crisis, it is important to seek support from other community service providers. Quite often, in an enthusiastic attempt to help children and families, concerned professionals make the mistake of trying to do everything. Be careful that you set realistic priorities which remain within the purview of the nursery.

Once the goals are set, you are in a position to begin searching for a place, for funding and for other physical needs–toys, furnishings and so forth.

Logistics - Location, Number of Children, Duration

Depending on the number of children you decide to accommodate, the location may vary. On the average, most crisis nurseries limit their number to six children. Since abused or neglected children require unusual amounts of adult attention, this number has proven the most satisfactory.

Another factor which affects your decision about a facility is the maximum duration that you establish for housing children. Some nurseries limit their stay to as little as 72 hours while others have stays which are limited to three months or to six months–These hour regulations vary considerably. Regardless of the duration decided (this again will go back to the initial goal-oriented decision making), a maximum length of stay should be established and be absolute.

Finally, there is an additional logistical factor which must be considered–that is, licensing. Some states have very strict licensing requirements for facilities which house children; others are more lenient. Regardless, you need to check the regulations in your state, so that you will find a facility which will pass inspection.

Location Examples

With these three factors in mind, there are several place options open to you:

1. Because old houses have an aura of home, they may function ideally as a crisis nursery. Children often adapt more readily to homelike rather than school-like structures. There are problems, however; most of which are associated with up-keep. Old houses tend to have more than their share of difficulty with such things as poor plumbing, faulty wiring and so forth.

2. 24-hour day care centers do not lend themselves to a homelike atmosphere, but they do have other positive features. For instance, they are accessible to playgrounds. Also, they often have established facilities for meal functions. In addition, abused and neglected children may be exposed to nonabused children during the daily play activities. This exposure may also be healthy for the parents.

3. Specialized foster homes may be set up in order to provide the same service as a crisis nursery. The usual limit per specialized foster home is four children. The problem here is the inherent threat of foster care which may preclude self-referral from parents who already may fear loosing their children. One way around this difficulty is to avoid using the term "foster home" or "foster care" but instead refer to the facility as a crisis nursery.

Once a location is established, you are in a position to calculate the projected costs. At this point, you can begin searching for funding.

Funding

Depending on the resources in the community, you may wish to develop a nursery with special services for the child. In this case you may opt for a setting such as the old home which is more conducive to longer term residence–three to six months. In such instances, costs will be much higher than if your goal is to establish a temporary relief shelter–72 hours or less.

The emergency shelter often cannot provide extensive services for children because of their short period of stay. As a result, either the day care facility or the foster home set-up might be more appropriate. In these instances, the costs will be less.

There are several funding options. Each of these depend on decisions about the scope of services, about the availability of community resources and about the long-term relationship of the nursery to the total community.

Some suggestions are as follows:

1. Since crisis nurseries often directly serve people within a specified locale, support funding should ideally come directly from community resources. Such funding may be derived from city or county subsidies–or, when local money is tight, from private groups or clubs. Local women's groups have been instrumental in this area and often provide the seed money for beginning crisis nurseries.
2. A second funding option is through state money. Since state monies must be distributed throughout the state and since they are often earmarked well in advance, securing these monies may be difficult. However, if you are able to locate seed money for one or two years, you may be in a position to buy some time in order to later pursue state funding.

State funding which is of federal origin but which is administered by the state comes from two sources: The first is the money from the Child Abuse and Neglect Act (Public Law 93-247). Under the provisions of this act, states, which are eligible, are allotted a certain amount for abuse and neglect programs. The second is under Title XX of the Social Security Act. To secure these monies is somewhat more troublesome. There must be a contractual arrangement which establishes the crisis nursery as a supplemental service provider for the local department of social services. Also, the community must have sufficient funds to put up the matching money.

In order to learn more about both these funding mechanisms, you should contact your state department of social services, protective service division.

Another option for state money is direct state funds which are allocated by the state legislature. With appropriate lobbying and a good program outline, you might be able to secure legislative money.

3. A third--and more cumbersome method of funding is federal funding.

One good thing about federal funding is that it allows for new and creative programs. In addition, the money is often more plentiful than that of local or state support. However, there are some disadvantages. First, it is very difficult to secure federal money. Much time and effort go into grant writing and sometimes to no avail. Second, federal support is always temporary--at most for three years but often for one or two. Once you develop a full program with federal money on a substantial budget, it is difficult to locate sufficient support money when the federal budget is cut.

Nonetheless, if your goals include special services and if you envision more than an emergency shelter facility, you may wish to pursue federal support. Two federal sources are the Office of Child Development and the National Center

on Child Abuse and Neglect. Both are located in the Department of HEW in Washington, D.C.

4. A fourth method of funding is through private foundations. Money from private sources may be substantial and may be more stable than government monies. There are several private foundations which have supported children's programs in the past. These include: Mary Reynolds Babcock (North Carolina and South Carolina only), Edna McConnell Clark, Ford, and Kellogg.
5. Finally, a fifth method of support is through a sliding pay scale for the use of the service. Some crisis nurseries charge the local department of social services and the courts for use of the facilities. Others have developed a sliding scale depending on an individual's personal income. The main problem with this type of funding is that it discourages nonrestrictive utilization by lower families. Furthermore, in order to support itself, the nursery may unwittingly accept more people who are able to pay greater amounts rather than those who are in greater need.

At this point, we have established goals, found a facility and located some type of funding. It is now time to begin searching for staff.

Staff

Once you establish the number of children that your facility will accommodate and the scope of services, you can determine your staffing needs. Regardless of whether you have an emergency shelter or a residential treatment center, there are several things you must consider.

Training

Most essential to any program involving abused and neglected children is adequate training. All persons who have direct contact with the children must learn how to cope with these children. They often present unusual be-

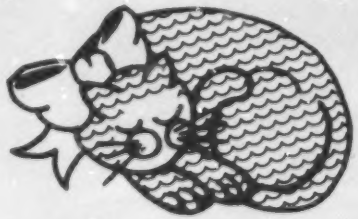
havioral patterns which are unique to their situations. For example, abused children tend to demonstrate excessive behavioral extremes. That is, some will be very active while others are very withdrawn. The essence of both these behaviors is the demand for unusual amounts of adult attention. However, very often they reject physical or emotional closeness. In addition these children sometimes exhibit inappropriate behavior--specifically, they will cry for no apparent reason or they will not cry when they are obviously hurt or saddened. They tend to have difficulty relating to adults and to peers.

Because of these unique behaviors, the children require skilled adult attention. Training should only be conducted by persons who have worked with abused or neglected children and who have had experience with their unusual needs.

Once the first group of staff are trained, if there is turnover in personnel, these staff can provide training for new employees.

Staff Composition

Another essential ingredient for staffing also relates to the unique needs of the children. Abused or neglected children often have some trouble relating to either a male or a female adult, depending on who perpetrated the abuse. As a result, it is important that a minimum of two persons--one male and one female--attend the nursery at all times. These staff may change with shifts but the essential male/female composition should be consistent. (Where funding is limited, student help may assist with staffing in order to balance the team--or, volunteer staff can offset paid staff.)



Treatment

A third consideration is the need for treatment staff. At minimum, children should be given a physical examination and at best a psychological examination whenever they enter the nursery. Oftentimes community public health centers will provide a nurse to handle the physical exam at no cost. Sometimes mental health centers will provide psychological testing.

Personality

Finally, there are several important recruiting considerations which encompass personality. First, staff must be flexible and able to determine the extent of crisis which might be presenting. Second, they should have secure self-images so that they can provide healthy adult models for the children and perhaps the parents. Third, they need to be patient and able to encourage even the most difficult child. Self-esteem and emotional cognition appear to be the two most apparent deficits that these children have. The staff must be able to feed these children with plentiful doses of each. Fourth, the staff must not be judgmental with the parents. Ideally, they need to show compassion and understanding for the parental needs.

Staffing Examples

Therefore, training, staff composition, treatment and personality are essential criteria for recruiting staff for the crisis nursery regardless of its type. Specifically, the following are two suggested forms of staffing:

1. If you establish an emergency shelter, there are more options for staffing flexibility. Since the child is not in the nursery for too long, he may not develop a strong rapport with the personnel. As a result, daily rotating shifts are possible. To the extent that funds are available, the nursery should be staffed with paid personnel. Volunteers may be used to supplement the paid staff, but it is not a good practice to utilize all volunteer staff whose commitment may be more tenuous. In any event, a minimum of two staff (male, female) should be available during each shift, regardless of the method of payment.
2. The second form of staffing may be suitable for emergency shelters but is essential for nurseries where children remain any longer than three days. This form makes use of house parents—or couples who reside in the facility and care for the children as parents.

A child, who remains in the facility for significant lengths of time, desperately needs a surrogate mother or father. He cannot develop the rapport he needs when the personnel change every 8 or 12 hours. House parents are a satisfactory alternative. Ideally, these people should also work shifts which rotate on a weekly basis. In this manner, the house parents are able to tolerate the extreme demands inherent in their roles. Otherwise, they may "burn out" too quickly and staff turnover may become a problem.

Whichever of the foregoing methods are used, try to limit staff turnover. Locate stable personnel and pay them adequately.

Administrative Considerations

Finally, there are the administrative staffing considerations. One person should assume the role of director or coordinator. Ideally, this person should have good access to the power structure within the local department of social services. It is also advisable to set up a decision making board. Incidentally, if the nursery incorporates for a tax exempt status, such a board is a requirement. In any event, the board should also be sufficiently grounded within the community power structure. These two functions--a coordinator and a board--give the nursery a certain amount of permanence and continuity.

Continuing with the development of the nursery, we are now in a position to look at creating basic policies and procedures.

Policies & Procedures

There are several policy decisions which must be made during the early phases of development. For example, what sorts of children will be accepted--ages, residence--under what conditions will children be accepted; and who will be allowed to refer children.

Although these matters are rather basic, before they can be established, some important considerations must be resolved.

Misuses

First of all, the nursery should be careful not to allow misuses. Parents may sometimes get into the habit of frequently dropping off their children for convenience rather than for the avoidance of a crisis. The line between these two motives may be thin, so nursery staff should remain flexible but alert.

A second and even more potent misuse is the utilization of the nursery as a temporary shelter between home and other forms of placement. The structure of social services sometimes tends to encourage treating children like rubber balls--bouncing them from one home to another. In order to avoid this type of misuse, the nursery should develop a policy for accepting children who are intended to return home. Children entering other forms of placement should be placed immediately without further complicating the matter with a temporary stop-off at the nursery.

Reporting

A second consideration involves the relationship with the local department of social services and the child abuse and neglect reporting law. Most states now comply with the federal reporting standards which stipulate reporting all cases of suspected abuse and neglect. This matter may be handled smoothly if a good relationship exists between the nursery and the local social service agency.

For instance, the nursery may establish a routine policy notifying the agency whenever a child is referred. In this manner, a social worker can be immediately assigned to the case in order to provide appropriate services to the whole family.

Another solution is to defer reporting to the nurse or to the physician who examine the child upon admission. In such instances, the nursery staff would not report cases. They, in turn, could develop good relationships with the child and family and perhaps facilitate cooperation with child protective services.

These policies should be negotiated with the local department of social services in order to work out a mutually satisfying arrangement.

Admission

Procedures for admitting children into the nursery may vary according to the nursery functions. Upon admission, the parents are often asked to sign a release form which gives the nursery the legal responsibility for the

child's care. This form also includes basic information about the child--name, age, address, telephone number and special needs.

If the staff plan to report abuse or neglect or if they intend to have the child examined for medical or psychological reasons, a form to these effects should be devised for parental signature.

Likewise, the nursery staff should assume a procedural responsibility to refer families to other community resources which may benefit them. It may be helpful to develop brochures and pamphlets for the parents.

Admitting a child into the facility might be almost as traumatic for the child as the precipitating crisis. Whenever possible, parents and children should be allowed to tour the facility together beforehand. However, during true crisis situations such preparation is often impossible. Staff should be sensitive to the child's confusion and remain very close to him during his first few hours in residence.

Furthermore, admission policies should include mandatory daily parental visits, regardless of the child's length of stay. Children need to feel secure that they have not been abandoned nor forgotten by their parents. Parents who do not adhere to this visitation requirement should be contacted by the staff and encouraged to come for the child.

Written Policies

Finally, policies and procedures should be written to reflect the goals and objectives established during the early planning stages. These policies should include specific eligibility requirements--child's age, residence, physical or mental health needs, prospects for return home and so forth--maximum duration regulations, and judgments about the nature of the immediate crisis. There should also be policies and procedures concerning abandoned or threatened children.

In sum, we have established our goals, found a place, located suitable funding, hired and trained staff, set up an ongoing administrative board, and established policies and procedures. The nursery is now ready to open its doors and begin operating.

Public Awarensss

The best laid plans of mice and men may crumble without good public awareness.

At the outset and during the preliminary planning it is a good idea to involve the media–newspapers and radios. Tell them what you are doing. Encourage feature articles so that when you are ready to open your doors the public will know your purpose. The essential goal is to encourage self-referral. The crisis nurseries currently operating report that nearly seventy percent of their referrals are self-induced.

Another component to consider with regard to public awareness is the need to avoid negative advertising. It is best not to stress child abuse or to suggest that this facility is for "child abusers" or "child beaters."

Remember that your primary goal is to prevent abuse or neglect before it happens. So, you should promote utilization of the service as a means to help parents deal with everyday stress or crisis. Crisis nurseries provide a relief period for parents–a time to get away. Such communication concepts are less threatening and encourage preventive efforts.

Examples

Throughout this booklet two types of crisis nurseries were discussed: The emergency shelter and the residential treatment center. These two types are the most common. *However, program structures must be molded to fit the needs of different communities. As a result, these two types are by no implication rigid. But, they offer model guidelines which may be modified and adjusted according to community needs.*

National Center for Prevention and Treatment of Child Abuse & Neglect (NCPT-CAN)

The National Center in Denver, Colorado operates one of the oldest known 24-hour crisis nurseries and is a forerunner with this type treatment modality for abusive and neglectful families. The nursery is a separate component of the total treatment program comprising NCPT-CAN and is primarily funded through private monies.

Observing a maximum 72-hour residential stay per child, the nursery limits itself to providing relief and to enabling parents to interact freely with their children. Except for minimal exposure to play therapy, the nursery does not provide therapeutic services. However, the staff are active referral sources to the other treatment components within NCPT-CAN and the Denver community.

Serving a maximum of 7 children, ages 0 to 5 years, the nursery maintains two full-time staff daily and one during the evening. This staff composition is consistent regardless of the number of children in residence. All staff are paid. The director of the nursery is trained in early childhood education and supervises all staff training.

Since its beginning during 1973, the nursery has been housed in an old convent. The building is near the University hospital and allows easy access to medical personnel.

The following components comprise the crux of the basic policies for eligibility, referrals and community liaison:

Eligibility

- Person taking calls makes a decision about whether there is a potential for abuse or neglect.
- There are age limitations and capacity considerations. The nursery will accept older siblings as needs arise.
- Parents sign a release form allowing the nursery to care for the child.

Referrals

- Accepts all voluntary referrals; rejects all forced referrals from social services or from the courts.
- Discourages hospital referrals which are based on the hospital staff's judgment that parents are incompetent.
- Rejects all anonymous referrals.

Community Liaison

- There is ongoing contact with social services, and the worker often accompanys the parent for his/her first visit whenever possible. Parent and child often tour the facility before the child is brought in to stay overnight.
- When the child is left for over 72-hours, the staff attempt to locate the parent. If these attempts are unsuccessful, social services are called in order to find the child more suitable placement. This situation rarely occurs.
- Whenever there is a self-referral, social services are contacted in order to evoke services for the parent. When the child is injured, the staff explain to the parent that a report will be made.

The average number of children contained in the nursery is five. Ninety percent of these come in during the dinner hour and remain until the following day. Many different parents now utilize the service.

The overall function of the nursery is to provide abusive/neglectful families with a nonthreatening support service during times of crisis.

The Family Learning Center

The 24-hour crisis nursery in Westminster, Colorado operates a full-service program including research and direct treatment for the child. The center is federally funded under the Office of Child Development. It began operating three years ago and has since enjoyed full community recognition and a good relationship with the local service agency.

The essence of the program is to help the family reunite. The nursery is located in a large old house, and the staff attempt to maintain a homelike atmosphere. Licensed as a receiving home in the state of Colorado, children may remain in residence for as long as sixty days. The average stay, however, is one to three weeks.

Because of the extreme needs of the children, the nursery limits its intake to six children between ages 0-12 years. Each child is fully tested both medically and psychologically. The program employs volunteer professionals including a psychiatrist, a psychologist, and a speech and hearing specialist. In addition, the staff researcher has developed instruments for assessing behavioral measures which are administered conjointly with other admissions tests.

Two house parents supervise the child care. These parents are carefully recruited and trained. They rotate every four days with a second set of house parents. Both parents are young couples who have no children but who are warm and responsive to the total needs of the family. The house parents reside in the home and transport the children to school and to other activities as would "normal" parents. They are substantially paid in order to discourage turnover.

Other staff include six part-time lay therapists, three volunteer consultants, one coordinator, one researcher, four social workers, one nurse, one community service aide and the director.

The following components comprise the crux of the

basic policies for eligibility, referrals, and community liaison:

Eligibility

- Children must be abused or in a potentially abusive situation.
- There are age limitations and capacity considerations. If there is an unusually active child living in the home, the staff reduce the number of new children accepted.
- Parents sign a release form allowing the nursery to care for the child.

Referrals

- Accepts all voluntary referrals.
- Accepts placements from the police and from social services.
- Rejects children who are destined for long-term foster care or for institutional care.

Community Liaison

- At intake each child is assigned to a social worker who is either a staff worker or a worker from the local service agency. This worker assumes responsibility for following the case.
- When the child is left in the Center for a prolonged period without contact from the parent, the staff attempt to locate the parents. If the parents cannot be found, the child is referred for more suitable placement. A close relationship with the local social service agency facilitates this process.

The overall function of the nursery is to serve the needs of the parent and the child through treatment and referral. Parents are encouraged to interact with the child while he remains in residence. Their frequent visits are an essential part of the total treatment program.

The Center averages a full child capacity at all times. As a result of good community awareness many different children and parents utilize the service.

Credits

Developed by Joan C. Curtis, 1977

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